

THE CENTER...

The Minneapolis Center for Chronic Disease Outcomes Research (CCDOR) was established in April 1998. Its mission is to enhance, through research, education and dissemination activities, the delivery and accessibility of high-quality, cost-effective health care that will result in optimal clinical, psychosocial, and functional outcomes for veterans with chronic disease. The Center has grown into a vibrant, productive organization supporting 81 funded projects with an annual budget of over \$10.5 million. The Center's leadership includes Dr. Hanna E. Bloomfield (Director), Dr. Melissa Partin (Associate Director), Dr. Kristin L. Nichol (Senior Research Scientist), and a distinguished steering committee, chaired by Dr. Richard Lofgren.



Department of Veterans Affairs

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FEATURED RESEARCH

SCREENING FOR ABDOMINAL AORTIC ANEURYSM: A BEST-EVIDENCE SYSTEMATIC REVIEW FOR THE U.S. PREVENTIVE SERVICES TASK FORCE
Craig Fleming, MD; Evelyn P. Whitlock, MD, MPH; Tracy L. Beil, MS; and Frank A. Lederle, MD

Background. While the prognosis for abdominal aortic aneurysm (AAA) rupture is poor, ultrasound imaging is an accurate and reliable test for detecting AAAs before rupture.

Purpose. To examine the benefits and harms of population-based AAA screening.

Data Sources. MEDLINE (1994 to July 2004) supplemented by the Cochrane Library, a reference list of retrieved articles, and expert suggestions.

Study Selection. Randomized trials of AAA population screening, population studies of AAA risk factors, and data on adverse screening and treatment events from randomized trials and cohort studies.

Data Extraction. All studies were reviewed, abstracted, and rated for quality by using predefined criteria.

Data Synthesis. The authors identified 4

WHY DO PROVIDERS CONTRIBUTE TO DISPARITIES AND WHAT CAN BE DONE ABOUT IT?
Diana J. Burgess, PhD; Steven S. Fu, MD, MSCE; Michelle van Ryn, PhD, MPH

This paper applies social cognition research to understanding and ameliorating the provider contribution to racial/ethnic disparities in health care. We discuss how fundamental cognitive mechanisms such as automatic, unconscious processes (e.g., stereotyping) can help explain provider bias.

population-based randomized, controlled trials of AAA screening in men 65 years of age and older. On the basis of meta-analysis, an invitation to attend screening was associated with a significant reduction in AAA-related mortality (odds ratio, 0.57 [95% CI, 0.45 to 0.74]). A meta-analysis of 3 trials revealed no significant difference in all-cause mortality (odds ratio, 0.98 [CI, 0.95 to 1.02]). No significant reduction in AAA-related mortality was found in 1 study of AAA screening in women. Screening does not appear to be associated with significant physical or psychological harms. Major treatment harms include an operative mortality rate of 2% to 6% and significant risk for major complications.

Limitations. The population screening studies focused on men and provided no information on racial or ethnic groups. No information was available on uninvited control group characteristics, so the importance of risk factors such as tobacco use or family history could not be assessed. Since all trials were conducted in countries other than the United States, generalizability to the U.S. population is uncertain.

Conclusion. For men age 65 to 75 years, an invitation to attend AAA screening reduces AAA-related mortality.

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Even well-intentioned providers who are motivated to be nonprejudiced may stereotype racial/ethnic minority members, particularly under conditions that diminish cognitive capacity. These conditions-time pressure, fatigue, and information overload-are frequently found in health care settings. We conclude with implications of the social-cognitive perspective for developing interventions to reduce provider bias.

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VA HSR&D Service Annual Meeting
February 15-17, 2006
Arlington, VA

10th Annual MN Health Services Research Conference
March 7, 2006
Four Points by Sheraton Minneapolis, MN

CCDOR Research Seminar
Deborah Hennrikus, PhD
Associate Professor, Epidemiology and Community Health
University of Minnesota
March 16, 2006
Minneapolis VAMC
3:30 PM



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FEATURED RESEARCH (CONT.)

REGIONAL VARIATION AND OTHER CORRELATES OF DEPARTMENT OF VETERANS AFFAIRS DISABILITY AWARDS FOR PATIENTS WITH POSTTRAUMATIC STRESS DISORDER

Maureen Murdoch, MD, MPH; James Hodges, PhD; Diane Cowper, PhD; Nina Sayer, PhD

Posttraumatic stress disorder (PTSD), the most common psychiatric condition for which veterans seek VA service connection, is a chronic, disabling condition caused by experiencing or witnessing a horrific trauma. Approximately 600,000 veterans are affected by PTSD, and more than 200,000 have applied for VA service connection on this basis.

In a historical cohort study of almost 180,000 veterans, we documented a twofold regional difference in rates of PTSD service connection after adjusting for other confounders. However, we were unable to adjust for veterans' PTSD symptom severity or functional impairment, so we could not comment on the appropriateness of these variations. Our goal in this work is to extend our earlier findings and determine whether regional variations in PTSD disability awards persist after accounting for appropriate, subject-level characteristics, such as PTSD symptom severity and disability level. This article is a planned, secondary analysis of data collected to assess gender differences in rates of PTSD service connection.

Using a mailed survey linked to administrative data, subjects included 4,918 representative, eligible men and women who

filed PTSD disability claims between 1994 and 1998. A total of 3,337 veterans returned useable surveys (68% response rate). The survey included measures that assessed veterans' (a) major medical comorbidity level (b) physical functioning (c) work, role, and social functioning (d) current PTSD symptomatology and e) sociodemographic characteristics (e.g., age, education, marital status, income, and race/ethnicity).

Before adjustment, claims approval rates ranged from 42.9% to 74.8% across regions in the overall sample ($P < 0.0001$). Adjustment for other correlates of PTSD service connection had essentially no impact on this difference (after adjustment, $P < 0.0001$). The notable difference in the range of men's and women's observed rates of service connection across regions (26% vs. 42% points) became minimal after adjustment (44% vs. 48% points), and the interaction between VISN (22 geographically proximal regions known as Veterans Integrated Service Networks) and sex was not significant ($P = 0.08$).

In conclusion, an almost twofold regional difference in claims approval rates was not explained by veterans' PTSD symptom severity, level of dysfunction, or other subject-level characteristics. Veterans who did not obtain PTSD disability benefits were at least as disabled as those who did receive benefits, suggesting that more information is needed to understand the disease course and health status of veterans denied PTSD disability benefits.

Published abstract & manuscript can be found in: Medical Care. 2005;43(2):112-121.

HEALTH CARE COVERAGE AND ACCESS TO CARE: THE STATUS OF MINNESOTA'S VETERANS

Yvonne C. Jonk, PhD; Kathleen Theide Call, PhD; Andrea H. Cutting, MA; Heidi O'Connor, MS; Vishakha Bansiya, MBBS; Kathleen Harrison, MBA, MPH

Using data from the 2001 MN Health Access Survey, this study characterized veterans and non-veterans in terms of rates of uninsurance, and examined veterans' use of VHA health care services. The survey was the fourth of five statewide surveys conducted approximately every four years since 1990. The 2001 dataset consisted of a stratified random sample of over 27,000 respondents of whom 3,400 self-identified as veterans. Consistent with statewide methodologies, veterans not reporting VHA coverage and having no other source of insurance coverage were considered uninsured. Although all veterans were eligible to obtain health care services from the VHA in 2001, not all

VHA medical centers had the capacity to serve those enrolled. Our major finding was that even though the state's uninsurance rate was lower than the national rate, the rate of uninsurance would significantly decrease if VHA capacity constraints were alleviated and veterans relied on the VHA safety net. These findings have broader implications for states with higher veteran concentrations and higher uninsurance rates.

Veterans represented 13.4% of the state's adult population and 9.3% of the state's uninsured non-elderly adult population in 2001. Uninsured veterans were more likely to be single, unemployed, living in rural areas, and reporting constrained access to services than insured veterans. Veterans with a non-VHA source of insurance were less reliant on VHA services.

Published abstract & manuscript can be found in: Medical Care. 2005;43(8):769-774.

PROJECT IN PROGRESS

SCREEN (Survey of ColoRectal Cancer Education and Environmental Needs) Study; PI: Melissa Partin, PhD

Background. Despite strong evidence for the effectiveness and cost-effectiveness of a variety of colorectal cancer (CRC) screening methods for reducing CRC mortality, current CRC screening rates fall far below the levels needed to significantly impact CRC mortality. Unfortunately, currently there is not enough information known about the barriers to CRC screening to make sound recommendations regarding how to most effectively improve upon CRC screening rates in the Veterans Health Administration.

Objectives. The overall goal of this study is to inform the development of effective patient-directed interventions to increase CRC screening among veterans age 50 and older. This will be accomplished by using data collected from a mailed patient survey and theory-based analysis approaches to uncover key barriers to screening adherence and to identify fruitful intervention approaches for modifying them. The specific primary objectives of this study are to: (1) Estimate the relative effect of patient cognitive (knowledge, attitudes, and self-efficacy), environmental (social network and medical care characteristics), and background (demographics, health status, prior screening experiences) factors on CRC screening behavior; (2) Identify factors that contribute to any disparities in CRC screening behavior by race/ethnicity or other patient characteristics; and (3) Identify from these analyses: (a) priority population subgroups to target in future interventions, and (b) priority factors

to target in future interventions. Secondary objectives include: (1) assessing patient values and preferences regarding the various CRC screening modality options, (2) and validating measures of CRC knowledge and self-reported screening behavior.

Research Plan and Methods. There are two components to this study: (1) the main purpose of Validation Survey is to refine the survey instrument. We will be sending the validation survey to 900 male and female veterans age 50-75 who receive care at the Minneapolis VA Medical Center. We will use the data collected from this survey to validate self-report of CRC screening (using VA administrative data and non-VA patient medical records), and to assess the relative validity of self-reported CRC screening by gender and race; (2) the Production Survey is a nationally representative, cross-sectional mailed survey of 3,744 male and female veterans age 50-75 who have had one or more primary care visits at a VA Medical facility in the past two years. The primary outcome is whether the patient is currently compliant with CRC screening guidelines. Data collection is scheduled to begin March 2006.

Anticipated Research Products. We anticipate the following products from this study: (1) evidence on which to base the development of tailored translation strategies aimed at promoting patient participation in CRC screening; (2) information needed to develop effective targeted communications to providers regarding strategies to promote acceptance of CRC screening, and (3) recommendations for developing culturally competent and sensitive screening promotion strategies.

POSTDOC FELLOWS (CONT.)

Molly Kodl is CCDOR's newest postdoctoral fellow. Dr. Kodl earned her PhD in Clinical Psychology from the University of Illinois at Chicago. She completed her internship and a clinical fellowship in health psychology at Rush University Medical Center in Chicago. The opportunity to work with the investigators at CCDOR and to devote concentrated time to research brought Dr. Kodl to CCDOR's HSR&D Postdoctoral Fellowship Program in August 2005.

Dr. Kodl is broadly interested in health promoting and health compromising behavior and the impact of factors such as mental health, ethnicity and health status on behavior. Her clinical work in the areas of smoking cessation and patient adherence to screening and treatment recommendations is a natural fit with CCDOR's research and implementation agendas.

Within CCDOR, Dr. Kodl is working with Drs. Anne Joseph and Steven Fu on a study looking at efficacy of extended smoking cessation vs. shorter term treatment. At the University of Minnesota, Dr. Kodl is working with a team of investigators,

including Dr. Harry Lando and Dr. Joseph, to study the effectiveness of a smoking cessation program in individuals with peripheral vascular disease. As part of this study, Dr. Kodl hopes to collect ancillary data to examine readiness for change and the concept of a "teachable moment" among individuals with chronic disease. Dr. Kodl is also spending time conducting secondary analyses on several existing datasets.

Although not currently practicing, Dr. Kodl is a licensed psychologist. She lives with her husband, Chris, in Richfield, MN. She enjoys reading, watching movies, exploring the outdoors, spending time with friends and family, and is waiting patiently with her husband for the arrival of their first baby in March.



Molly Kodl, PhD

INTRODUCTIONS

HILDI HAGEDORN, PHD

Dr. Hildi Hagedorn is a Core Investigator in CCDOR and an Assistant Professor in the Department of Psychiatry at the University of Minnesota. She received her PhD in clinical psychology from the University of Maryland, Baltimore County in 2000. She completed her clinical psychology internship at the Minneapolis VA Medical Center, focusing on geropsychology, substance use disorders, and serious mental illness. She is a licensed psychologist and has served as a staff psychologist at the Minneapolis VAMC since 2000. Her clinical work has focused on cognitive and behavioral interventions for patients with serious and persistent mental illness. She has served as the Implementation Research Coordinator and member of the executive committee for the Substance Use Disorders Center of the VA Quality Enhancement Research Initiative (SUD-QUERI) since 2001. She directed the SUD-QUERI's major implementation project to improve VA opioid agonist therapy clinics' concordance with best-practice recommendations. As part of this project, she was instrumental in the development and implementation of the Opioid Agonist Therapy Effectiveness Monitoring System, a complete package for quality improvement in opioid agonist therapy clinics.



Currently, she is working closely with the Hepatitis C Resource Center to develop and evaluate, the Liver Health Initiative, a program to integrate screening, education, prevention and referral services for hepatitis infections into substance use disorders treatment. The program is currently being piloted at the Minneapolis VAMC.

Dr. Hagedorn was recently awarded VA HSR&D funding to conduct a 3-year study to determine the effectiveness of adding a contingency management intervention to standard substance use disorder treatment for alcohol and stimulant dependence within the VA.

Dr. Hagedorn lives in St. Paul with her husband, Tim, 15-month-old daughter, Leila, and their dog, Rock. Leila will soon be joined by a baby brother in June. When not at the Children's Museum with her daughter, Dr. Hagedorn enjoys biking, hik-

ing, water skiing, cheering on the Gopher hockey team and reading. And after the baby's arrival, she looks forward to re-joining a local adult downhill skiing racing league.

JAMES HODGES, PHD

Dr. Jim Hodges joined CCDOR as an Affiliate Investigator and member of the biostatistical team in November 2004. He earned his PhD in statistics at the University of Minnesota.

Dr. Hodges divides his time between CCDOR and the University of MN. At CCDOR he works on a variety of projects. A selection of his current collaborations includes working with Dr. Maureen Murdoch on studies of antecedents and consequences of posttraumatic stress disorder, and the followup of her earlier study about service connection for PTSD. He is working with Dr. Jas Singh, a Clinical Scholar in the Minneapolis VAMC's Center for Epidemiological and Clinical Research (CECR), on a study looking at quality of care for gout. And he is half the statistical team on Dr. Frank Lederle's NIH proposal for an observational study examining whether medications for heart conditions affect the rate



of enlargement of abdominal aortic aneurysms.

At the University of MN he further splits his efforts between his Graduate Faculty position in the School of Public Health's Biostatistics Division and his role as the PhD statistician in the School of Dentistry. Regarding this diverse mix of roles and disciplines, he says he enjoys the unique challenges that come with each of the different specialties. His faculty role is an opportunity to supervise doctoral and master's biostatistics theses. Within the School of Dentistry he encounters another mix of responsibilities. He spends about half his time working with faculty, staff, and dental residents on their research projects, and a portion of his time running the coordinating center in a clinical trial asking whether treatment of periodontal disease in pregnant women reduces incidence and severity of premature birth.

Dr. Hodges fills his personal time with reading, gardening, playing the liu qin in a local Chinese music ensemble, and avidly studying Chinese. He is dating a woman native to Taipei, so perhaps we can call Chinese his personal language of love.

NEW POLYTRAUMA & BLAST-RELATED INJURIES QUERI

Nina Sayer, PhD, and colleagues were recently awarded the VA HSR&D Polytrauma and Blast-Related Injuries (PT/BRI) QUERI. Dr. Sayer, Research Coordinator, along with Co-Clinical Coordinators, Barbara Sigford, MD, PhD, of the Minneapolis VAMC and Stephen Scott, DO, of the Tampa VAMC have established a guiding Executive Committee which brings together a diverse group of researchers, clinicians and leaders from the VA, the DoD and consumer organizations who are committed to improving care for individuals who have sustained polytrauma and blast-related injuries. This group includes Greta Friedemann-Sánchez, PhD, who serves as the Implementation Research Coordinator.

The scope of the PT/BRI QUERI research portfolio will include the range of health problems, health care system and psychosocial factors represented in the center's mission, including care structures and processes within the DoD, the VA and the community, as well as the transfer of care within and across systems.

CONGRATULATIONS

Hanna Bloomfield, MD, MPH, was appointed to the Board of Directors of the Health Partners Research Foundation.

Diana Burgess, PhD, received a VA Merit Review Entry Program (MREP) award.

Hildi Hagedorn, PhD, successfully established a "Healthy Liver" program in the Minneapolis VAMC substance use disorders treatment clinic to improve screening, education, prevention, and treatment referral services for hepatitis infections for patients entering substance use disorders treatment.

Laura Kochevar, PhD, and the Colorectal Cancer QUERI team initiated a quarterly web-based seminar series that has attracted clinicians and clinic managers from throughout the VA.

Frank Lederle, MD, was recently awarded funding by VA OR&D for the the Center for Epidemiological and Clinical Research (CECR). The goal of the Center is to increase clinical research capacity in the VA through a program of junior faculty development, which includes formal training, mentoring, and access to research support.

The scale to measure sexual harassment, developed by **Maureen Murdoch, MD, MPH**, was recently incorporated into a document compiled by the National Institute for Occupational Safety and Health of the Center for Disease Control and Prevention, intended to "facilitate broader inquiry by occupational health researchers into the effects of diversity-related elements of workplace climate on mental and physical health."

To meet the complex rehabilitation needs of severely injured service members, the VA has designated four specialized Polytrauma Rehabilitation Centers (PRCs). These PRCs are treating the majority of severely combat injured service members with brain injuries who need rehabilitation services and are setting the standard of care for polytrauma throughout the VA system. The PT/BRI QUERI's primary focus at this early stage is on the care structures and processes being established within the PRCs. Over time, the PT/BRI QUERI's focus will include the full-range of settings where veterans with polytrauma and blast-related injuries receive care. Through close partnership with a wide range of stakeholders, the PT/BRI QUERI expects to establish itself as a national resource for development and implementation of evidence-based best practices for individuals with polytraumatic and blast-related injuries.

The mission of the PT/BRI QUERI is to promote the successful rehabilitation, psychological adjustment and community re-integration of individuals who have experienced polytrauma and blast-related injuries.

Kristin Nichol, MD, MPH, MBA, was the first recipient of the Dr. Charles Merieux Award for Scientific Achievement from the National Foundation for Infectious Diseases for her "outstanding contributions in the fight against infectious diseases in the public health arena."

Kristin Nichol, MD, MPH, MBA, received the 2005 Minnesota Hospital Association's Caregiver of the Year Award. This award was to recognize her remarkable contributions in the delivery of patient care, patient satisfaction and community health improvement efforts.

The award winning patient education pamphlet "The PSA Test for Prostate Cancer: Is it Right for Me?," developed by **Melissa Partin, PhD**, was recently selected for inclusion on the National Cancer Institute's Cancer Control PLANET – a peer reviewed, research-tested intervention programs website.

Erin Warshaw, MD, MS, was elected as President-Elect of the American Contact Dermatitis Society.

Tim Wilt, MD, MPH, led a team that developed a report, at the request of the American College of Physicians Clinical Efficacy Committee, which will have major policy implications within and outside the VA. The guidelines based on this report, expected to be published in Annals of Internal Medicine this year, will likely lead to more cost-effective use of diagnostic and therapeutic modalities in COPD. Active implementation efforts within VA are in the planning stage.

FROM THE DIRECTOR

HANNA E. BLOOMFIELD, MD, MPH

We are excited about expanding opportunities for us in Minneapolis to contribute to the national VA implementation research agenda. One of these opportunities is the recent funding of the Polytrauma/Blast Related Injuries QUERI Center, under the direction of Dr. Nina Sayer. This area presents the interesting challenge of how to implement change and introduce best practices when there is little to no evidence base. This Center will also allow us to partner more effectively with the organizational and systems experts at the University of Minnesota, such as Dr. Jon Christiansen, and brings much-needed qualitative research expertise to our team, in the person of Dr. Greta Friedemann-Sánchez, an anthropologist who is serving as the new Implementation Research Coordinator.

A second opportunity lies in the unprecedented expansion of and commitment to clinical research at the University of Minnesota. In the University's vision, clinical research is broadly defined to include the entire spectrum from small clinical studies attempting to translate bench findings into the clinical arena through the population sciences that include outcomes, implementation and clinically oriented health services research. Towards this goal, the Academic Health Center has committed \$20 million dollars and has recruited an Executive Director for Clinical Research, Jasjit Ahluwalia, MD, MPH, MS, who is responsible for educating, training, and developing clinical researchers. In addition, the University was recently awarded an NIH K-12 Interdisciplinary Clinical Research Career Development Award and will be submitting an application for an

NIH Roadmap Institutional Clinical and Translational Science Award (CTSA) this year. We think we can be important partners in this effort because of the unique perspective we have obtained as VA QUERI implementation researchers.

Finally, our Colorectal Cancer QUERI, under the direction of a new research coordinator, Dr. Laura Kochevar, has broken new



ground this year with a national roll-out of quality improvement tools for colorectal cancer screening. This project, known as C4 (Colorectal Cancer Care Collaborative), was undertaken jointly by CRC QUERI, OQP, Patient Care Services, and ACA. One facility in each VISN received reports detailing facility performance at providing complete diagnostic evaluation following positive Fecal Occult Blood Test, including sub processes of referral, consult, scheduling and appointment

completion. Ultimately this work will lead to system wide tools that can be used to monitor and improve the quality of screening and treatment for colorectal cancer in VA. Perhaps more important, the experience of a national rollout contains some important lessons for future rollouts that we will be formally evaluating and disseminating in the upcoming months.

So, we head into spring 2006, excited by the new opportunities we have to improve the care of veterans and contribute to the growth of the new science of implementation research.

interested in applying research methodologies to observational, clinical trial and administrative data to answer questions in scientifically valid ways. In that vain, he has been able to work with several existing CCDOR datasets including Dr. Melissa Partin's recent study identifying efficient and effective ways to provide counseling to male veterans about the risks and benefits of prostate cancer screening and Dr. Timothy Wilt's Urological Diseases in Veterans Study. Dr. Taylor is also involved in systematic reviews being conducted by Dr. Wilt. These include reviews relating to urinary incontinence and treatments for localized prostate cancer. During his time at CCDOR, Dr. Taylor has continued to become more involved with increasing the health services impact of his research by working to incorporate the results from observational studies and systematic reviews of clinical trials into decision and cost-effectiveness models.

Dr. Taylor resides in Blaine, MN with his wife, Pam, and their 19-month-old daughter, Marin. They are expecting their second child this May.

MEET THE VA HSR&D POSTDOC FELLOWS

In August 2004, **Brent Taylor** joined CCDOR via the VA HSR&D Postdoctoral Fellowship Program after earning his PhD in Epidemiology from the University of Minnesota's School of Public Health. Dr. Taylor had connections to CCDOR long before officially joining the center. Dr. Taylor had worked on osteoporosis studies, based at the University of Minnesota, with Dr. Kris Ensrud nearly 5 years earlier, and for a brief period in the summer of 2001 his work on these projects was based out of an office at CCDOR.



Brent Taylor, PhD

Since joining CCDOR, Dr. Taylor continues to collaborate with Dr. Ensrud on multiple projects from two large observational cohort studies. As an Epidemiologist, he is most

SELECTED CCDOR PUBLICATIONS FY2005

Bloomfield HE, Nelson DB, van Ryn M, Neil BJ, Koets NJ, Basile JN, Samaha FF, Kaul R, Mehta JL, Bouland D. A trial of education, prompts and opinion leaders to improve prescription of lipid modifying therapy by primary care physicians for patients with ischemic heart disease. *Quality and Safety in Health Care* 2005;14: 258-263.

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Murdoch M, van Ryn M, Hodges J, Cowper D. Mitigating effect of Department of Veterans Affairs disability benefits for post-traumatic stress disorder on low income. *Military Medicine* 2005; 170:137-140.

MacDonald R, **Wilt TJ.** Alfuzosin for treatment of lower urinary tract symptoms compatible with benign prostatic hyperplasia: a systematic review of efficacy and adverse effects. *Urology* 2005; 66:780-788.

Sayer NA, Spoont M, Nelson DB. Post-traumatic stress disorder claims from the viewpoint of veterans service officers. *Military Medicine* 2005; 170:867-870.

CCDOR Core Investigators are indicated in bold.